٠.

	STATE PLAN	UNDER 3	TITLE	XIX OF THE SOCIAL SECURITY ACT
	State:	W	est V	'irginia
	COVERA	GE AND	COND	ITIONS OF ELIGIBILITY
Citation(s)				Groups Covered
	В		onal	Groups Other Than the Medically Needy
1902(a)(47) and 1920 of the Act			17.	Pregnant women who are determined by a "qualified provider" (as defined in §1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with §1920

of the Act.

Revision: HCFA-PM-91-8 (MB)

October 1991

ATTACHMENT 2.2-A

Page 23a OMB NO.:

State/Territory: West Virginia

Citation

Groups Covered

Optional Groups Other Than the Medically Needy (Continued)

1906 of the Act

18. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of six months.

1902(a)(10)(F) and 1902(-)(1)of the Act

son rule

19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid extenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A.

TN No. 93-12 Supercedes TN No. NEW

FEB 14 1994 Approval Date

Effective Date

HCFA ID: 7982E

Revision: HCFA-PM-91-: (BPD) √°° ÷ 1991

ATTACHMENT 2.2-A

Page 24

OMB NO.: 0938-

State: West Virginia

Agency* Citation(s)

Groups Covered

C. Optional Coverage of the Medically Needy

42 CFR435.301

This plan includes the medically needy.

/ / No.

 $\sqrt{X/}$ Yes. This plan covers:

1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.

Act

1902(e) of the 2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.

1902(a)(10) (C)(ii)(I) of the Act

3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

TN No. 94-15 Supersedes Approval Date JUN 3 0 1985 TN No. _ _

Effective Date

HCFA ID: 7983E

18 or under age 19 who are full-07 under the age of-described in section C.3. above and who are Financially eligible individuals who are not [X] 15 CEK 132.308 ponsepold. pregnant, and the child is a member of the woman's woman remains eligible, or would be eligible if she were date of birth and remains eligible for one year so long as the to have applied and been found eligible for Medicaid on the Medicaid on the date of the child's birth. The child is deenied woman who is eligible as medically needy and is receiving Newborn children born on or after October 1, 1984 to a 15A 5dt 10 (4)(5)5091 Optional Coverage of Medically Seedy (Continued) Groups Covered Citation(s) √£cuci.∝ West Virginia State: ONB NO 1 0038 ुट २३हिट <u>५</u> 1991 IsuguA ATTACHMENT 2.2-A BPD HCEY-6/1-1 Revision:

Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19, or 18 as specified below:

time students in a secondary school or in the equivalent level of vocational or technical training

agencies are assuming full or partial financial responsibility and who are:

who are:

(a) In foster homes (and are under the age of ____).

(b) In private institutions (and _____).

are under the age of ____).

Effective Date JUL 0 1 1994

200 1882

Approval Date_

Supersedes Supersedes TV No. 94−15

HCEY ID: 7983E

Revision:	HCFA-PM-91- AUGUST 1991	4 (BP	D)		ATTACHMENT 2.2-A Page 25a	
	State:	We	st Vi	rginia	OMB NO.: 0938-	
Agency*	Citation(s)	Groups Covered				
	С.	Optional) In addition to b.(1)(a) and in foster hor	Needy (Continued) to the group under (b), individuals placed mes or private by private, nonprofit	
				agencies (and	d are under the age of	
			(2)	Individuals in a full or part by under the age or	adoptions subsidized in a public agency (who are f).	
			(3)	Individuals in I of). NF under this plan	NFs (who are under the age services are provided .	
		_	(4)	In addition to individuals in age of).	the group under (b)(3), ICFs/MR (who are under the	
		X	(5)	inpatients in programs (who as 21). Inpaties	eiving active treatment as sychiatric facilities or re under the age of nt psychiatric services under age 21 are provided.	
			(6)	Other defined g specified in Su ATTACHMENT 2.2-	roups (and ages), as pplement 1 of $\underline{\mathbf{A}}$.	

TN No. <u>04-15</u> Supersedes	Approval Date	ate	'JUN 3 0 1995		Effec	Effective Date 0			1	1994	
TN No						HCF A	ID:	7983E			

ATTACHMENT 2.2-A Revision: HCFA-PM-91-4 (BPD) AUGUST 1991 Page 26 OMB NO.: 0938-State: West Virginia Agency* Citation(s) Groups Covered C. Optional Coverage of Medically Needy (Continued) 42 CFR 435.310 \sqrt{X} 6. Caretaker relatives. 42 CFR 435.320 \sqrt{X} / 7. Aged individuals. and 435.330 42 CFR 435.322 \sqrt{X} 8. Blind individuals. and 435.330 42 CFR 435.324 \sqrt{X} 9. Disabled individuals. and 435.330 42 CFR 435.326 // 10. Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals. 11. Blind and disabled individuals who: 435.340 a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; b. Were eligible as medically needy in December 1973 as blind or disabled; and c. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria.

-	Approval Date	JUN 3 0 1995	Effective Date
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(BPD)

October 1991

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OMB NO.:

0938-

State: West Virginia

Citation(s)

Groups Covered

C. Optional Coverage of Medically Needy (Continued)

1906 of the Act

12. Individuals required to enroll in cost effective employer-based group health plans remain eligible for a minimum enrollment period of six months.

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TN No. 93-12 Supersedes TN No. NEW

FEB 1 4 1994

Approval Date

Effective Date 0 1 1993 HCFA ID: 7982E